

**Ruth L. Kirschstein National Research Service Award  
Individual Fellowship Progress Report for Continuation Support**

(To be completed by sponsor — follow PHS 416-9 instructions)

14. SUPPLEMENTATION OF STIPEND:  NO  YES If "yes," specify the amount(s) and dates on which supplementation occurred, and the source of the funds.

15. COMMENTS OF SPONSOR (Use additional page, if necessary)

A. Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.

B. Human subjects and vertebrate animals (see instructions)

1. Human Subjects (Complete Item 7 on the Face Page)

Use of Human Subjects  Change  No Change Since Previous Submission

2. Vertebrate Animals (Complete Item 8 on the Face Page)

Use of Vertebrate Animals  Change  No Change Since Previous Submission

**SPONSORING INSTITUTION'S ASSURANCES/CERTIFICATIONS**

The following policies, assurances, and certifications are verified by the signature of the Official Signing for Sponsoring Institution in Item 16. See Section II.B, Specific Instructions for Sponsor, for further information. If unable to certify compliance where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells;
- Research on Transplantation of Human Fetal Tissue; •Research Misconduct; •Recombinant DNA and Human Gene Transfer Research;
- Vertebrate Animals; •Debarment and Suspension; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Financial Conflict of Interest.

16. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this report results in continuation funding, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			